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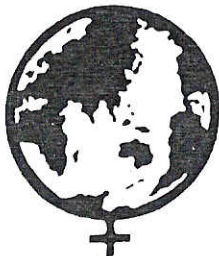
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roots:

Black ghetto ecology

by Wilmette Brown

centrepiece 2

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roots:

Black ghetto ecology

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The politics of cancer is personal to me: I am a Black woman, a cancer survivor. But this is not "the triumphant story of one woman's victory over cancer". My cancer crisis was less the poetry of facing imminent death, than weathering the daily harassment of life in the 80s; less coming to grips with a medical diagnosis, than organizing to overcome all the other cancers that Black women's flesh is heir to: sexism, racism, overwork and lack of money. The biological fact of cancer is a point of reference for the whole of my struggle to survive. For me the issue is how to transform cancer from a preoccupying vulnerability into a vindicating power — for myself and for everyone determined to reclaim the earth.

In the 1960s Martin Luther King described the "malignant kinship" between racism and economic exploitation.¹

No amount of gold could provide an adequate compensation for the exploitation and humiliation of the Negro in America down through the centuries. Not all the wealth of this affluent society could meet the bill. Yet a price can be placed on unpaid wages.²

Since the 60s, Black women's struggle, as part of international movements of women and of Black people, has finally established that whether we are in the metropolis or the Third World, sexism is

inseparable from women's economic exploitation, from women's unaged work; and that for Black women, sexism and racism are inseparable.

Women do 2/3 of the world's work, receive 5% of world income and own 1% of world assets.³

With Black women as a point of reference, statistics from the US show that cancer embodies the malignant kinship of sex, race and class.

Cancer is big business: medicine is the second largest industry in North America and the price of cancer treatment is more than \$20 billion a year.⁴ Everyone lives in dread of cancer. One in five people in the US dies from cancer, and one in four people may die if the trend continues over the next ten years.⁵ But poor people suffer most: income is inversely related to mortality⁶ and poor patients have less chance of surviving every type of cancer.⁷ In all the most "cancer-prone cities",⁸ there are large Black ghetto communities.

Cancer: the malignant kinship of sex, race and class

Two-thirds of all poor people in the US are white, but the proportion of the population in poverty is greatest among Black people.⁹ In the US, particularly among Black people, women and children are becoming the majority of the poor. According to a report by the National Advisory Council on Economic Opportunity, "the poor who are in female-headed families . . . would comprise 100 percent of the poverty population by the year 2000."¹⁰ Worldwide, the woman-headed family is the fastest growing sector of the population;¹¹ and in "developing countries", 50% of women are the main breadwinners.¹²

Because of the extra demands pregnancy imposes, nutritional and environmental diseases . . . take a severe toll on women, and can in addition adversely affect the growing foetus. The same is true of new health hazards accompanying modern industrialization: exposure to radiation and to toxic chemicals is particularly dangerous for pregnant women.

Women's heavy workload, particularly in traditional rural areas, but also in poor urban areas, increases their vulnerability to disease.¹³

Thus in Asia, Africa, the Caribbean, the Pacific and Latin America, "development" means that degenerative diseases like

Notes

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demanded wages for housework as a way of taking back what is ours: as a right; as damages; as back pay for all the unpaid and unwaged work of plantation and domestic slavery; as reparations — a way of reclaiming the earth.

Cancer is the disease of our transition from the 60s to the 80s: the crisis of transforming ourselves into new people, fitter and clearer, fit and clear enough to win the new world. With the growth of the women's peace movement, symbolized internationally by Greenham, winning is more than possible. The military-industrial complex *can* be disarmed and dismantled, and the military budget *can* be used to meet people's needs, beginning with women's and children's. To the extent that white women make this their priority, they are taking a lead from the struggle of Black women in both the metropolis and the Third World, and thereby helping to redefine the women's peace movement as far more than white and metropolitan. This wider women's peace movement opens the possibility of refusing the sexist and racist assumptions and practices of the peace and holistic health movements once and for all. The women's peace movement — Black and white, Third World and metropolitan — is one of the 80s answers to the Black welfare mothers of the 60s, whose struggle is still giving leadership to peace campaigns and coalitions all across the United States.

Power to the sisters, and therefore peace and health to all the workers of the world.

Wilmette Brown

cancer are developing in the new metropolis which is within the Third World; while in the US, cancer is ravaging Black people, women and children, the poorest of the poor, who are the Third World within the metropolis.

In the US, Black people's cancer death rate is 30% higher than white people's — Black men's is higher than white men's, and Black women's is higher than white women's.¹⁴ Fewer than one-third of Black cancer patients survive for five years. At Harlem Hospital, one in five Black cancer patients survives.¹⁵ Cancer is the major cause of death among middle-aged women, and among children it is second only to accidental death.¹⁶ A 15-year study in Oregon showed that housewives have "the highest job-related cancer death rate of any occupation".¹⁷

In 1980, I had emergency surgery for cancer of the colon. I am alive thanks to the working class in Britain, who struggled for the National Health Service (NHS). I couldn't have afforded the treatment if I had been in the US, where cancer usually costs the patient over \$25,000.¹⁸ But whatever the country, whatever the amount of money for medical bills, as a cancer survivor I am up against a world economic system that deprives everyone of health — discriminating between Black and white, women and men, with women of colour at the bottom.

The money required to provide adequate food, water, education, health and housing for everyone in the world has been estimated at \$17 billion a year. It is a huge sum of money . . . about as much as the world spends on arms every two weeks.¹⁹ And less than the medical industry makes off cancer in one year in the US alone.

Having cancer is like being held hostage — the terrorism at gut level of living day to day in the military-industrial complex. Even the language commonly used by the Establishment to describe their treatment of cancer is military. Recovering from my cancer crisis involved not only the emotional and physical work of learning how to be at home again in my own body — of which cancer dispossessed me — but the political work of negotiating the international economic order as it was practised at my bedside, in my hospital ward and outpatient clinic. Getting well means mobilizing body and soul to defeat more than an illness or a disease; getting well means organizing to defeat the power relations of sex, race and class which generate cancer, illness and disease.

Cancer epitomizes the crisis of health in our time. Cancer forces the issue of how responsible the individual can be for personal health when our every environment — from the urban Black ghetto in the metropolis to the tropical rain forest in the Third World — is continually being raped for profit by the military-industrial complex. Even as the military-industrial complex profits from our illness, it profits still more from our health: they depend on our work to keep running the world. The military-industrial complex depends on the working class being healthy enough to work — not healthy enough to be whole.

The housework of health: the home and the hospital

Taking responsibility for our health — repairing ourselves — enough to keep working for the military-industrial complex, without challenging the killing work we are forced to do, work which is destroying our environment and ourselves, can't finally achieve health. The challenge of health is the challenge of building new social relations — among ourselves and with our environment — from the ashes of the destructive personal, political and ecological power relations we suffer today. This challenge is posed most clearly in the situation of women, whose work it has been to mother people and environment — whose work producing and reproducing the workers of the world is the basic ingredient of all industry and all profit.

The State, over and over, has put the responsibility for the well-being of other workers in our hands — for the young, the ill, the old, the man. As mothers, sisters, daughters, wives, we have put ourselves last and worked to join together what capital and its work tears asunder every day in factories, fields, offices, mines and schools. This has not been seen as work when there is no wage. It has been seen as dedicated work when there is a low wage. It is always work . . . and they have always blackmailed us into doing it. So far we have done it for love, not money. But the cost of loving is going up.²⁰

When the nurses shouted on their demonstrations, “We can't put dedication in the bank,” they spoke for every woman.²¹

Whether we ourselves, children or men have cancer, it is women who are first and foremost responsible for taking care. Cancer

and the degraded human relationships poverty breeds; on the front line outside US military bases, nuclear waste dumps and power plants — on the front line of health, campaigning for peace around the world.

Black welfare mothers have long been aware of how their struggle is an essential part of the holistic health movement:

There are many other fields — like the environment — that we haven't explored, that should be dealt with, but people are so busy making money off poor people that they don't have time to do the kind of thing they should be doing to benefit society.²⁶

But is the rest of the holistic health movement aware of the need for Black welfare mothers as a point of reference?

The strategy of the Black movement in the US has always been, in one form or another, reparations. For a start, each Black person has yet to receive the 40 acres and a mule we were promised at Emancipation: none of us has forgotten. Black people, whether we talk out loud about it or not, continue to count on the mounting interest — and principal (principle) — of that debt. The victory of Black welfare mothers in the 60s was to make Black people's demand for reparations specific to the poorest in any Black community, women and children.

Reparations — Pay women, not the military

By taking organizational autonomy and demanding that their own needs be met first, Black welfare mothers refused the blackmail of free “women's work”: they demanded money as the power to refuse to work for free. They demanded money beyond the poverty of welfare. They demanded that money go to women and children rather than to the “poverty pimps”: the social, health and legal “service” bureaucracies, the “community welfare projects”.²⁷

Black welfare mothers demanded money for each and every woman in her own hands, as the first step towards everyone — children and men, Black and white, immigrant and native — having a decent standard of living.²⁸

Black welfare mothers demanded money — the language the whole world understands — as the way to have the dignity of their work as mothers recognized with more than just the customary lip-service paid to motherhood. They demanded the same dignity as other workers, that at least their income be called a wage.²⁹ They

women's unwaged work as personal and political servants was not "natural".

Taking our autonomy meant using our independent judgment to find in our traditional world views the holistic resources and tools for our struggle today. Thus a Native American welfare mother, an organizer of the Oh Gweh Oh (The Real People) Welfare Rights Organization in Milwaukee, Wisconsin, wrote:

The dignity of the welfare recipient caught me as an Indian idea.

The dignity of the individual says that no matter what a person's capabilities are, whether he is the leader or whether he is a person who is crippled or elderly or can't do anything, he still has a place in the tribe. Welfare Rights is an Indian organization to me because I think a lot of things that Welfare Rights is going after are Indian ideas . . .²⁵

The welfare rights movement of the 60s was led by Black women and embraced poor people of all races, women and men. Welfare mothers made it impossible for the bureaucracy to carry on with business as usual by a mass campaign informing everyone of their welfare rights, and by refusing policing by social workers. They organized a mass invitation to share the wealth: the welfare rolls skyrocketed. They also took over schools to challenge the miseducation of their children. They also protested the Vietnam war. Young social workers like me, who were just out of college, had our consciousness raised by the struggle of welfare mothers, so that at least some of us knew we owed it to them, and to ourselves, to be their instrument against the Welfare Department from the inside. Today, more than ever, their struggle is my own.

The demands of Black welfare mothers brought about the first concessions from the American State of anything approaching free health care for poor people (Medicaid) and for elderly people (Medicare). The Establishment has been trying ever since the 60s, when these programmes began, to turn Medicaid and Medicare into a total defeat, but they have never been able to take away this bottom line of basic health rights for everyone.

Welfare mothers' struggle epitomizes the determination of all women who are on the front line in the battle for health — first of all in our own homes: fighting poor food, drugs, rats and roaches, pesticides, dirt and disease; on the front line in hospital wards and clinic waiting rooms everywhere; on the front line against overcrowding, the emotional and physical violence of poverty, rape,

demands a supreme effort — a 25-hour day — doing work that women are trained from childhood it is our "nature" to do.

Women are always made to feel completely responsible for whatever happens to those in our charge, and guilty for considering our own needs. This is a direct result of our wageless work in the home where we are always justifying our existence because we appear to be living off other people's (men's) labour.²²

Cancer is very much a women's issue because health is still very much "women's work". Before it becomes critical, health is women's unwaged housework at home. After it is critical, health is still women's housework — in the hospital for low wages, whether as nurse, auxiliary or tea lady. Whether a woman is taking care of herself, or also taking care of others, whether she is herself a patient, or the relative, friend or lover of a patient, women are held responsible for the housework of health.

When I was hospitalized for cancer, my friends did plenty of free housework worrying about me, keeping me company and giving me emotional support; helping to build relationships with the other patients; doing my laundry; bringing plants, palatable food and other necessities of life. They also did indispensable political work as my advocates: asking questions; getting attention and information from doctors and nurses; watching out for my interests when I had the least power to defend myself.

Convalescing meant doing a lot of physical and emotional housework for myself too — relearning basic bodily functions and developing patience. In the social and physical weakness and dependence of illness, I experienced the power relations of childhood, disablement and ageing, all at once.

I also did emotional housework for my friends: putting on a brave face to cushion the shock, and terror, and sadness of cancer; and political work too, struggling not to let physical weakness make me abdicate responsibility for my own decisions.

As a single lesbian woman cancer patient, I had to depend on women friends to mother me through my cancer crisis. As lesbians we struggle to survive not only work and worry, the housework of cancer. We struggle every day to survive the housework of being lesbian: the emotional and physical stress, this time in the hospital ward, of putting up with the half-hostile, half-curious, half-secretly pleased glances, this time of other patients and their visitors, who weren't sure whether they should disapprove of Black and white

women who were so blatant as to care for each other, in sickness and in health.

The NHS is not a service that the ruling class has granted to us, but a service which hospital workers provide for the ruling class in providing mentally and physically “fit” workers. It is a service based on the exploitation of some workers, the hospital workers, and the manipulation of others, the patients . . . The fact that it is obviously in *our* interest to be seen by a doctor or go into a hospital, whether or not we have a wage and whether our wage is higher or lower, doesn’t alter the fact that fundamentally the service is not for our benefit.²³

Essential to the housework of being a patient is attending to your status in the hierarchy of patients, auxiliaries, nurses and doctors, in that order from the bottom up. The physical work of recovering — whether moving from bed to chair, coping with a catheter, swallowing hospital food or tolerating needles and drugs — is inseparable from working that hierarchy: you are most immediately dependent on them to survive.

Bedside manners: the chain of command

The image of this hierarchy is the consultant, known in the US as the specialist, most often a man, on morning rounds with his entourage of anxious, sometimes obsequious, students (mostly men), and nurses (mostly women) straining to preserve and project dignity, but with proper deference to the certified (male) expert. The entourage inspects each patient one by one: washed and combed, each is at her bed in a fresh gown, hoping for an extra 30 seconds to ask a question, hoping not to be so intimidated as to forget what the question is; apologizing for being ill.

Although my general practitioner and surgeon were kind and patient men, who were concerned to restore my confidence and make the best care available, there was the doctor in the outpatient clinic who told me the NHS was spending too much money on keeping old people alive who had cancer. I wondered what he thought about Black women, but did not dare to ask him.

In my experience, in spite of extensive NHS cuts, long hours and low wages, most nurses and auxiliary staff managed amazingly well to keep their good humour and not take out the pressure of overwork

direct action and satyagraha, so successful against British colonialism in India, to fighting for the civil rights of Black people in the United States.

The pooling of ancient traditions with contemporary necessities has always been integral to the movement of people of colour within the United States. Immigrants always bring the visions and traditions of their peoples with them. Native Americans sheltered Black people from slave-catchers and integrated us into their nations. Black people in the southern United States, particularly Black women, still know how to identify and prepare herbs and plants to make remedies, a skill which survived the Middle Passage from Africa to the Americas, for which the Union Army used Black nurses like Harriet Tubman during the Civil War.

At the same time, throughout our history in the United States, there has been a debate — under many different names — within the Black movement, over the meaning of traditional culture. One key theme in this debate has been the question of what is a “natural” or holistic way of life for Black people, as opposed to the culture imposed on us by white “civilization” through slavery and colonialism.

Black is green: the invisibility of the holistic health movement in the ghetto

By the end of the 60s Black women had settled the question. By taking our autonomy from male-dominated organizations — whether by joining the welfare rights network, leaving Black power groups, initiating autonomous Black women’s groups, and/or coming out as lesbian — Black women draw a line between traditional cultural perspectives which repress women and those which help to make us free. We refused to accept as “natural” any traditions that enslave us. Organizing autonomously as women, we refused to identify Black Power with Black manhood, or to accept the notion that the “natural” place for women in the movement was prone; we refused to equate liberation with sexual submission. We had decided that forced heterosexuality was no more “natural” than racism or sexism. We had decided that the traditional cultures of Black people were going to have to be vindicated on other bases than the subordination of Black women to men. We had decided that

women's health. Self-healing for the few who can afford it, and guilt for most of us who can't, can hardly be considered holistic health.

Self healing for the few who can afford it can hardly be considered holistic health

The third approach has uncovered a wealth of information, which is a tremendous public service. But it leaves us with the question of what to do, how to organize. Without answers to these questions, except in terms of testifying at government hearings and lobbying, the more detailed the information about how the military-industrial complex plans for and profits from cancer, the greater the impression of their overwhelming invulnerability; as though they are able to anticipate, counter and/or co-opt our every move. If the balance of power is really so one-sided, which it is not, then we are doomed to keep dying of cancer — victims, not survivors.

The information we most need is about how we are already organizing ourselves against cancer, as a basis for moving further. Without this kind of information, fighting cancer is ghettoized to a single issue, the priority or privilege of a particular sector, deprived of the power and resources of the working class as a whole. Without reference to the daily lives of Black women, we cannot know how comprehensive the issue of cancer is, nor how comprehensive and powerful and capable the holistic health movement is of winning against it. Without reference to the daily lives of Black women, cancer wins — through our own sex, race and class divisions.

Even before Black women had taken organizational autonomy from men, in networks such as the welfare rights organizations of the 60s, the Black movement laid a foundation for all the issues which later became identified with the visible, predominantly white, predominantly middle-class holistic health movement. For the holistic health movement not to recognize and acknowledge this contribution by Black people in its perspectives and ways of organizing today, is not to know its own roots, not to be holistic.

The most comprehensive meeting of East and West in our time has been the pooling of resources for liberation among the peoples of colour in Africa, Asia, Latin America, the Pacific, the Caribbean and the United States. One channel for this meeting was Martin Luther King's application of Gandhi's philosophy of nonviolent

on patients. But women patients were sometimes expected to do some of the lighter physical housework involved in running the hospital — clearing away dishes, light cleaning, getting supplies, making tea for ourselves and men patients. We could expect to have a long wait if we pressed a buzzer or needed some special, or even routine, help. Without student nurses and auxiliaries — on trainee wages — the nursing staff clearly couldn't function. A nurse told me that the monthly attrition rate was sky-high.

Just as crucial to the unwaged job of patient, is establishing and maintaining good relations with other patients: they are your comrades-in-arms against the power structure in the hospital ward. As among other workers organizing in sight of the bosses, we supported each other surreptitiously and shared jokes about our predicament, for example about the protocol of morning rounds. But it was hard work to build solidarity in the midst of unfamiliarity and physical weakness, dependency and pain. Being hospitalized together — sharing illness — didn't overcome the power relations we lived in the world outside.

Another cancer patient, a white English woman, told me, "I don't mean you personally but" too many Black immigrants were using the NHS. While cancer brought us together, nationality, colour and money kept us apart. It didn't occur to her that all the American cotton my Black ancestors picked during slavery, on which the British textile and shipping industries and slave-trading ports prospered, and on which the standard of living of the ruling class in Britain was based, entitled me to be treated for cancer. But then their standard of living was not hers.

The Welfare State of Cancer Alley

I grew up in Newark, New Jersey, one of the cancer centres of the US. My sister calls it "Cancer Alley", because the petrochemical plants reek for miles around. New Jersey water is also highly carcinogenic. All of which no doubt helped to account for the eczema I had as a child — for which I was regularly bombarded with X-ray treatment.

When I returned to the US, after my cancer treatment, still unable to do waged work, I had to go on welfare. Newark is a little welfare state: one of the poorest cities in the US; about 85 percent

Black and Puerto Rican; with a large welfare population of single mothers, children, and unemployed teenagers and men. Many of the workers at the Welfare Department were former recipients: they were Black or Brown; some were trying to help; others were rude with the insecurity of being one step away from welfare themselves. They had taken jobs to get more money; the state had hired them because they knew the welfare system from the other side of the counter. It was up to them to decide which side they were on.

The Welfare Department doesn't pay for your time: most of the time is spent waiting to be seen. It was better at a neighbourhood health centre where the welfare rights network from the 60s still had the situation organized from within. The health centre was also right "on the block", rather than downtown, so the power of the surrounding community was a big protection. At downtown welfare offices there were police on every landing, with guns and billy clubs in case things got out of hand. Finally I was "budgeted" with subsistence money and food stamps. The struggle of Black welfare mothers in the 60s, who won food stamps, had made it possible for me to have a little something to spend — if possible, at the health food shop.

Newark is one big teaching hospital. Urban renewal, known in Black communities as "Negro removal", replaced riot-torn tenements of the 60s with brand new college buildings just waiting for Black bodies to experiment on. New medicine and dentistry faculties are eager to try out the new equipment on any welfare recipient who comes through the door. It's all free if you're on welfare.

Again the waiting. Again the tone of voice of people paid to be helping you, treating you like dirt. When I finally saw a doctor, he suggested that I have several tests, not only blood tests, but strenuous tests of every major organ, which involved multiple X-rays and coloured dyes being injected into my bloodstream. When I refused he was indignant: he said he would advise his wife to take them if she were in my situation.

So far in the holistic health movement there have been three visible approaches to confronting cancer:

- changing one's consciousness and lifestyle so as to take responsibility for cancer;

- self-healing therapies such as diet, exercise, yoga, meditation, visualization or a combination of these and other techniques; and

exposés of how the medical industry, and the military-industrial complex as a whole, are profiting from cancer.

The consciousness approach can amount to saying that cancer is our own fault.²⁴ The military-industrial complex is continually projecting the view that Black people are disposable, and implementing genocidal policies against people of colour all around the world. To ignore or deny this is to be part of the problem rather than part of the solution. Black people are entitled to expect more from the holistic health movement than affirmation of the State's propaganda, that the death of millions is suicide, not genocide.

On the other hand, Black people are taking responsibility for our consciousness and lifestyle by organizing to end the conditions and the power relations which are imposed by the military-industrial complex and which destroy our health.

How holistic is the health movement?

I am grateful to the holistic health movement for information about diet and other self-healing perspectives and practices from different parts of the world. This information has helped me and many other people. But apart from the fact that much information is still untried, or yet to be discovered, information and therapies by themselves are not enough.

Most people still lack access to the resources and techniques necessary for self-healing; and the poorer we are, the less access we have. Yoga and other classes at affordable prices are not widely available anywhere. The corner grocer or the supermarket in Black ghettos, and most other communities, is no health food shop. Eating whole foods means time for travelling, money for transportation, high prices, and the work of learning new eating habits and methods of food preparation — even buying new pots and pans. Food stamps, welfare and low wages only go so far.

For women, especially women with children, the housework of holistic health is enormous. Women generally have too little time, too little money, and are too overworked for this kind of self-help. Yet lacking the time and money to research the information and implement the therapies, many women still feel guilty — as though cancer is women's fault, rather than the fault of poverty and overwork. And guilt is already one of the biggest obstacles to